Foster Family Home - Corrective Action Report

Provider ID:

1-190091

Home Name:

Mark Delos Santos, NA

Review ID:

1-190091-1

94-589 Apii Place

Reviewer:

David Ayling

Waipahu

HI 96797

Begin Date:

11/29/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 11/29/19. 6.(d)(1) - Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver